

CITY OF DOWAGIAC

COUNCIL APPLICATION

Your willingness and interest to serve the City of Dowagiac is greatly appreciated. The purpose of this application form is to provide the Mayor, City Council and City Administration with basic reference information.

OFFICE SOUGHT _____

Name _____
(First) (Middle) (Last)

Address _____
(Street Address) (City) (Zip Code)

Home Telephone No.: _____

Resident of Dowagiac for _____ years. Resident of Michigan _____ years.

I am registered and qualified to vote at the address listed above: Yes No

I am a citizen of the United States: Yes No
(You must be a United States citizen to seek office.)

To the best of your knowledge: Are you eligible to serve on the Council? _____ Are you able to attend meetings regularly? _____ Are you currently in default of the City? _____.

What community activities are you currently (or in the past) involved with? _____

Please indicate any information such as professional qualifications and/or work experience, which you would like to present for consideration: _____

Please state your reason for desire to serve on this board(s): _____

If appointed to this office, are you willing to run for this office at the expiration of the appointed term?

The information I have provided is true; and if I am subject to the campaign finance disclosure requirements provided under Michigan's Campaign Finance Act, PA 388 of 1976, all statements, reports, late filing fees and fines required of me or any Candidate Committee organized to support my appointment to office and registered under the Act will be filed or paid in accordance with the Act. (This filing information is available at the Cass County Clerk's Office)

SIGNATURE OF APPLICANT _____